

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. /10/553,517
FILING DATE
APPLICANT

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	3	↓	↓	↓		
TOTAL DEP.	5	←	←	←		
TOTAL CLAMS	8	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
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TOTAL IND.		↓	↓	↓		
TOTAL DEP.		←	←	←		
TOTAL CLAMS		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]